



# APPLICATION FOR WAIVER OF COURT FEES (CIVIL)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY Madison  
County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE William Rogers  
Who Started the Case First, Middle, and Last Name or Business Name

DEFENDANT/RESPONDENT Roxana Church of the Nazarene  
Who the Case Was Filed Against First, Middle, and Last Name or Business Name

2024MR000124

Case Number  
(Clerk fills in)



Use this form to ask the judge to **waive your court fees, costs, and charges in a civil court case**. If your case is a criminal case, use the *Application for Waiver of Criminal Court Assessments* form.

If you are completing this form on behalf of a minor or an incompetent adult, provide that person's information on this form instead of your own information.

## 1. BASIC INFORMATION

A. I am completing this form (check one):

☒ For myself ☐ On behalf of a minor or incompetent adult  
(Use the minor or incompetent adult's information on this form)

B. Your Name (applicant): William Ray Rogers  
First Middle Last Name

C. Address: 268 South 8th Wood River IL 62095  
Street, Apt. # City State Zip Code

D. I cannot afford to pay the court fees, costs, and charges in this case.

## 2. HOUSEHOLD INFORMATION

List the number of people who live with you whom you support. Support means the people rely on you financially. If on behalf of a minor or an incompetent adult, use their information.

A. I support 1 adults (not counting myself) who live with me.  
# of Adults

B. I support 0 children under 18 who live with me.  
# of Children Under 18

## 3. PUBLIC BENEFITS



Check all the benefits that you currently receive. Be prepared to provide proof that you currently receive at least 1 of the checked benefits if asked.

I currently receive the following public benefits (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> SSI (Supplemental Security Income, not Social Security)       | <input type="checkbox"/> AABD (Aid to the Aged, Blind and Disabled)     | <input type="checkbox"/> General Assistance Program (GA), Transitional Assistance, or State Children and Family Assistance |
| <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program/ Food Stamps) | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) |  |

This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts. Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).



## Social Security Administration Benefit Verification Letter

Date: February 16, 2024  
BNC#: 24K0732C90738  
REF: A

WILLIAM RAY ROGERS  
268 SOUTH 8TH  
Wood River IL 62095-2304

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

### Information About Current Social Security Benefits

Beginning December 2023, the full monthly Social Security benefit before any deductions is \$1,506.40.

We deduct \$174.70 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,331.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

### Information About Past Social Security Benefits

From December 2022 to November 2023, the full monthly Social Security benefit before any deductions was \$1,459.70.

We deducted \$164.90 for medical insurance premiums each month.

The regular monthly Social Security payment was \$1,294.00.  
(We must round down to the whole dollar.)

### Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

### Medicare Information

You are entitled to hospital insurance under Medicare beginning August 2021.

See Next Page

\*0101BEV1B53X5K7\* CCM M72 BEV1B R240216

24K0732C90738

Page 2 of 2

You are entitled to medical insurance under Medicare beginning August 2021.

Your Medicare number is 9C67MM2FR48. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

### **Date of Birth Information**

The date of birth shown on our records is August 27, 1956.

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

#### **Need more help?**

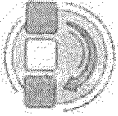
1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-855-285-6006**.

SOCIAL SECURITY  
ROOM 103 FEDERAL BLDG  
501 BELLE ST  
ALTON IL 62002

**How are we doing?** Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

*Social Security Administration*

Case Number \_\_\_\_\_

**STOP:** Read this note to see **what to complete next**.

- ☐ I checked one of the public benefit boxes in section 3.  
 ▶ Skip section 4 and section 5. Go to section 6 on page 4. You qualify for a full fee waiver (735 ILCS 5/5-105(a)(2)(i), (b)(1)).
- OR -
- ☐ I did **not** check any of the public benefit boxes in section 3.  
 ▶ **Complete section 4 and section 5**, including both columns.

**4. FINANCIAL INFORMATION**

Do not fill out this section if you checked any boxes in section 3. Skip to section 6.

If you did **not** check any boxes in section 3, fill out information below for **both** the past month and the past 12 months. Be prepared to provide proof of your income, the value of your belongings (including real estate), and your expenses if asked.A. I have a **pending application for 1 or more of the benefits** listed in section 3:
☐ Yes                      ☒ No
B. I received the following income (money) in the **past month**. List the gross (before taxes) amount (check all that apply):**MONTHLY INCOME:**

Type	Total received in the past month
<input type="checkbox"/> No income	
<input type="checkbox"/> My employment	\$ _____
<input checked="" type="checkbox"/> Social Security (not SSI)	\$ <u>1506</u>
<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Unemployment	\$ _____
<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Money from other household members	\$ _____
<input type="checkbox"/> Other income, including any money received from family and friends that is not listed above (list type and amount)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total of all money received in the past month</b>	<b>\$ <u>1506</u></b>

C. I received the following income (money) in the past **12 months**. List the gross (before taxes) amount (check all that apply):**YEARLY INCOME:**

Type	Total received in the past 12 months
<input type="checkbox"/> No income	
<input type="checkbox"/> My employment	\$ _____
<input type="checkbox"/> Social Security (not SSI)	\$ <u>18,000</u>
<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Unemployment	\$ _____
<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Money from other household members	\$ _____
<input type="checkbox"/> Other income, including any money received from family and friends that is not listed above (list type and amount)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total of all money received in the past 12 months</b>	<b>\$ <u>18,000</u></b>

Case Number \_\_\_\_\_

D. I have the following **monthly expenses**  
(check all that apply. If you share expenses  
with someone, list only the amount you pay):

**MONTHLY EXPENSES:**

Type of expense	Amount per month
<input type="checkbox"/> Rent	\$ _____
<input type="checkbox"/> Home mortgage	\$ _____
<input type="checkbox"/> Other mortgage	\$ _____
<input checked="" type="checkbox"/> Utilities <i>Cable, phone, internet, power, water, estimate</i>	\$ <u>700</u>
<input checked="" type="checkbox"/> Food	\$ <u>300</u>
<input type="checkbox"/> Medical	\$ _____
<input type="checkbox"/> Vehicle, including any loans	\$ _____
<input type="checkbox"/> Childcare	\$ _____
<input type="checkbox"/> Child support	\$ _____
<input type="checkbox"/> Other monthly expenses not listed above (list type and amount)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total of all expenses in the past month</b>	\$ <u>1,000</u>
<input type="checkbox"/> None of the above	

E. I own the following **items and their value is**  
(check all that apply):

**ITEMS OF VALUE:**

Item	Total value
<input type="checkbox"/> Bank accounts and cash	\$ <u>200 after bills</u>
<input type="checkbox"/> Home The total I owe on my home mortgage is \$ _____	\$ _____
<input type="checkbox"/> Other real estate (not including the house I live in)	\$ _____
<input type="checkbox"/> 1st vehicle worth Is the 1st vehicle paid off?	\$ <u>2500</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2nd vehicle worth Is the 2nd vehicle paid off?	\$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (list items and value)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<input type="checkbox"/> None of the above	

**5. HARDSHIP INFORMATION (Optional)**

If there is additional information you think the judge should know about why you cannot afford to pay the court fees, include that information here.

It would be a substantial hardship for me or my family if I have to pay the fees, costs, and charges because:

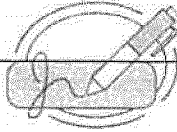
I have only Soc Sec income that can be depended on. Do collin work, but only amounts to 6 hours in 2 weeks when get called in. High utilities. Unexpected car expenses of 400. Additional loan pymts from tree removal. Had to be done. No choice. Amts to additional 350/mo.



Case Number \_\_\_\_\_

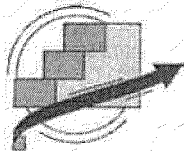
**6. IF QUESTIONS ABOUT APPLICATION**If the judge has questions about my *Application* and I have to attend court, I want:

- ☐ A remote court date (video or telephone)
- ☒ An in-person court date

**SIGN:**Under 735 ILCS 5/1-109, your signature means that you:

1) certify that everything in this document is true and correct, and 2) understand that making a false statement on this form is perjury and has penalties provided by law.

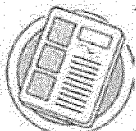
If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Your Signature /s/ William Rogers Print Your Name William RogersYour Address 268 South 9th Wood River IL 62095  
Street, Apt. # City State Zip CodeYour Phone Number 618/912-7151 Attorney Number (if any) \_\_\_\_\_Your Email wrrogerscollect@yahoo.comBe sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.**NEXT STEP:**

File this form at the Circuit Court Clerk's office. You can file this form at any point during your case.

More information on how to do that can be found here: [ilcourts.info/forms](http://ilcourts.info/forms).**THEN:**

You should only have to go to court for a hearing on your *Application* if the judge needs more information from you (735 ILCS 5/5-105 and 5/5-105.5; Illinois Supreme Court Rule 298). The judge will notify you if you need to go to court or give more information. This may include documents showing your income, value of belongings (including real estate) and expenses.



Learn more about each step in the process by reading through our Instructions document:  
[ilcourts.info/fee-waiver-instructions](http://ilcourts.info/fee-waiver-instructions).

# ORDER ON APPLICATION FOR WAIVER OF COURT FEES (CIVIL)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY MADISON  
County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE William Ray Rogers  
Who Started the Case First, Middle, and Last Name or Business Name

DEFENDANT/RESPONDENT Roxana Church of the Nazarene  
Who the Case Was Filed Against First, Middle, and Last Name or Business Name

2024MR000124

Case Number  
(Clerk fills in)

Your Name (applicant)

William  
FirstRay  
MiddleRogers  
Last Name

**STOP. DO NOT check any boxes or fill in any more blanks on this form.** The judge will complete the rest of the form.

The Court has reviewed the *Application for Waiver of Court Fees* and orders (check 1, 2, 3, or 4):

## ☐ 1. GRANTED – FULL WAIVER

The *Application for Waiver of Court Fees* is **granted**, effective on the date the *Application* was first filed. The applicant qualifies for a **full (100%) waiver** and may participate in this case without payment of fees, costs, or charges, because (check A, B, or C):

☐ A. The applicant receives **means-based public benefits** under one or more of the following programs:

- SSI (Supplemental Security Income, not Social Security)
- AABD (Aid to the Aged, Blind and Disabled)
- TANF (Temporary Assistance to Needy Families)
- SNAP (Food Stamps)
- General Assistance (GA), Transitional Assistance, or State Children and Family Assistance

- OR -

☐ B. The applicant's personal income is **125% or less of the current poverty level** as established by the U.S. Dept. of Health & Human Services and the applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges.

- OR -

☐ C. Payments of fees, costs, and charges would cause **substantial hardship** for the applicant or their family.

Case Number \_\_\_\_\_

☐ **2. GRANTED – PARTIAL WAIVER**

The *Application for Waiver of Court Fees* is granted, effective on the date the *Application* was first filed. The court finds (*check one*):

- ☐ **75%** of all fees, costs, and charges are waived. The applicant **must pay 25%** of all fees, costs, and charges because the applicant's available income is more than 125% but not greater than 150% of the current poverty level.
- ☐ **50%** of all fees, costs, and charges are waived. The applicant **must pay 50%** of all fees, costs, and charges because the applicant's available income is more than 150% but not greater than 175% (50% waiver);
- ☐ **25%** of all fees, costs, and charges are waived. The applicant **must pay 75%** of all fees, costs, and charges because the applicant's available income is more than 175% but not greater than 200% (25% waiver);

**Income findings are based on the current poverty level** as established by the U.S. Dept. of Health & Human Services, and the applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges.

**Payment** (*check one*):

- ☐ The applicant must pay the fees, costs, and charges currently due by: \_\_\_\_\_  
Month, Day, Year
- ☐ Upon good cause shown, the applicant may make payments as follows (*describe deferral, installment plan, or other reasonable terms*):  
\_\_\_\_\_  
\_\_\_\_\_

☐ **3. CONTINUED – APPLICATION IS INCOMPLETE OR FACTUAL ISSUE**

*If the court determines that relevant sections of the Application are incomplete or there is a factual issue regarding the applicant's entitlement to a waiver, the applicant must be notified of the deficiencies and given the opportunity to amend the Application and/or be given a remote hearing in accordance with Supreme Court Rule 45, unless the applicant requests an in-person hearing or will already be present in the courthouse on the date of the hearing.*

Relevant sections of the *Application* are incomplete or there is a factual issue about the applicant's eligibility for a fee waiver on the face of the *Application*.

The specific eligibility questions are:

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The applicant must (*check all that apply*):

- ☐ **A. File an updated (amended) Application** that includes the missing information listed above.



Case Number \_\_\_\_\_

☐ **B. Attend a court date.**

If a hearing is set, it must be set within **30 days** of the date the Application was filed (735 ILCS 5/5-105; Illinois Supreme Court Rule 298).

The Application for Waiver of Court Fees is **scheduled for court** on (check all that apply):

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Month, Day, Year Include AM or PM

☐ **Remotely** (video or telephone option)

By video conference at: \_\_\_\_\_  
Video conference website

\_\_\_\_\_  
Video conference log-in information, meeting ID, password, etc.

By telephone at: \_\_\_\_\_  
Call-in number for telephone remote appearance

☐ **In person** at: \_\_\_\_\_  
Courtroom Address Courtroom Number

If remote and in-person options are both checked, you may choose either option.

☐ **C. Provide documents.** These documents will **not** be included in the public court file.

☐ Provide documents at the hearing.

☐ Submit documents before the hearing. Instructions about when and how to submit:

\_\_\_\_\_

Required documents are:

S \_\_\_\_\_

S \_\_\_\_\_

☐ **4. DENIED - DOES NOT QUALIFY**

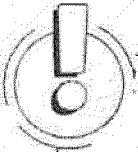
The Application for Waiver of Court Fees is **denied**. The applicant does not qualify for a fee waiver because (must state specific reason):

\_\_\_\_\_

\_\_\_\_\_

The applicant must pay all the fees, costs, and charges currently due by:

\_\_\_\_\_  
Month Day, Year



**If Application was granted, this order expires one year from the date of this order.** The applicant may reapply before or after the expiration date. Fees, costs, and charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, and all other fees listed in 735 ILCS 5/5-105(a)(2)(1).

**ENTERED:**

Judge: \_\_\_\_\_

Date: \_\_\_\_\_  
Month, Day, Year

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT  
MADISON COUNTY, ILLINOIS

2024MR000124

William Rogers

vs.

Case No. 24-MR-

Roxana Church of the Nazarene

Comes now William Rogers, and states as follows:

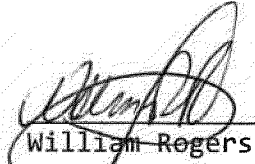
1. Plaintiff William Rogers is a resident of Madison County, Illinois.
2. That Defendant Church of the Nazarene is an organization of Madison County, in which Plaintiff is and was a member.
3. That the bylaws of the Church set forth how to expel a member and for what reasons.
4. That Plaintiff, as a member of this organization, is an intended beneficiary of this written agreement.
5. That in violation of this written agreement, Defendant has purported to expel Plaintiff from attending meetings and otherwise appearing at and with said organization.
6. That Defendant breached the agreement in one or more of the following ways:
  - A. Sought to expel Plaintiff based on lawful political action that took place off premises by Plaintiff, and/or
  - B. Failed to allow Plaintiff to have a representative of his choice at the hearing to determine whether to expell Plaintiff, in violation of written bylaws, and/or
  - C. Failed to provide to Plaintiff a member to zealously argue for and represent Plaintiff at the hearing to determine whether to expel Plaintiff, in violation of these bylaws.
7. As a proximate cause of the foregoing, Plaintiff's rights of membership have

been violated, and that Plaintiff has been purportedly barred from attending meetings.

8. That Plaintiff is suffering irreparable harm as a result.

WHEREFORE, Plaintiff Humbly requests this Honorable Court enter an order declaring Defendant's purported expulsion of his VOID and WITHOUT lawful effect, and barring Defendant from instituting any proceedings against Plaintiff except in compliance with its own bylaws.

April 22, 2024



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William Rogers  
268 South 8th  
Wood River, IL 62095  
618/910-7151



Office of the Secretary of State

ilsos.gov

**Vehicle Show**Purchase your Vehicle Show special event license plate. [Learn how!](#)

# Business Entity Search

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## Entity Information

<b>Entity Name</b>	ROXANA CHURCH OF THE NAZARENE		
<b>File Number</b>	56554351	<b>Status</b>	ACTIVE
<b>Entity Type</b>	CORPORATION	<b>Type of Corp</b>	NOT-FOR-PROFIT
<b>Incorporation Date (Domestic)</b>	10-01-1991	<b>State</b>	ILLINOIS
<b>Duration Date</b>	PERPETUAL		
<b>Annual Report Filing Date</b>	11-02-2023	<b>Annual Report Year</b>	2023
<b>Agent Information</b>	RODNEY DURR 500 N CENTRAL AVE ROXANA ,IL 62084	<b>Agent Change Date</b>	12-11-2019

## Services and More Information

Choose a tab below to view services available to this business and more information about this business.

Purchase Master Entity Certificate of Good Standing

Change of Registered Agent and/or Registered Office

Adopting Assumed Name



STATE OF ILLINOIS, CIRCUIT COURT		SUMMONS	For Court Use Only
COUNTY			
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter your name as Plaintiff/Petitioner.  Below "Defendants/Respondents," enter the names of all people you are suing.  Enter the Case Number given by the Circuit Clerk.	William Ray Rogers Plaintiff / Petitioner (First, middle, last name)  v.  Defendants / Respondents (First, middle, last name) Roxana Church of the Nazarene  <input type="checkbox"/> <b>Alias Summons</b> (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)		2024MR000124  Case Number

**IMPORTANT: You have been sued.**

- Read all documents attached to this Summons.
- You **MUST** file an official document with the court within the time stated on this Summons called an *Appearance* and a document called an *Answer/Response*. If you do not file an *Appearance* and *Answer/Response* on time, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.
- All documents referred to in this Summons can be found at [ilcourts.info/forms](https://ilcourts.info/forms). Other documents may be available from your local Circuit Court Clerk's office or website.
- After you fill out the necessary documents, you need to electronically file (e-file) them with the court. To e-file, you must create an account with an e-filing service provider. For more information, go to [ilcourts.info/efiling](https://ilcourts.info/efiling). If you cannot e-file, you can get an exemption that allows you to file in-person or by mail.
- You may be charged filing fees, but if you cannot pay them, you can file an Application for Waiver of Court Fees.
- It is possible that the court will allow you to attend the first court date in this case in-person or remotely by video or phone. Contact the Circuit Court Clerk's office or visit the Court's website to find out whether this is possible and, if so, how to do this.
- Need help? Call or text Illinois Court Help at 833-411-1121 or go to [ilcourthelp.gov](https://ilcourthelp.gov) for information about going to court, including how to fill out and file documents. You can also get free legal information and legal referrals at [illinoislegalaids.org](https://illinoislegalaids.org). All documents referred to in this Summons can be found at [ilcourts.info/forms](https://ilcourts.info/forms). Other documents may be available from your local Circuit Court Clerk's office or website.
- ¿Necesita ayuda? Llame o envíe un mensaje de texto a Illinois Court Help al 833-411-1121, o visite [ilcourthelp.gov](https://ilcourthelp.gov) para obtener información sobre los casos de la corte y cómo completar y presentar formularios.

**Plaintiff/Petitioner:**

**Do not use this form** in these types of cases:

- |                      |                              |                               |
|----------------------|------------------------------|-------------------------------|
| • All criminal cases | • Order of protection        | • Adult guardianship          |
| • Eviction           | • Paternity                  | • Detinue                     |
| • Small Claims       | • Stalking no contact orders | • Foreclosure                 |
| • Divorce            | • Civil no contact orders    | • Administrative review cases |

For eviction, small claims, divorce, and orders of protection, use the forms available at [ilcourts.info/forms](https://ilcourts.info/forms). If your case is a detinue, visit [illinoislegalaids.org](https://illinoislegalaids.org) for help.

**If you are suing more than 1 Defendant/Respondent**, attach an *Additional Defendant/Respondent Address and Service Information* form for **each** additional Defendant/Respondent.

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

In **1a**, enter the name and address of the first Defendant/ Respondent you are serving. If you are serving a Registered Agent, include the Registered Agent's name and address here.

In **1b**, enter a second address for the first Defendant/ Respondent, if you have one.

In **1c**, check how you are sending your documents to this Defendant/ Respondent.

Check here if you are serving more than 1 Defendant/ Respondent. Attach an *Additional Defendant/ Respondent Address and Service Information* form for each additional Defendant/Respondent and write the number of forms you attached.

In **2a**, enter the amount of money owed to you. Check **2b** if you are asking for the return of tangible personal property.

In **3**, enter your complete address, telephone number, and email address, if you have one.

**1. Defendant/Respondent's address and service information:****a. Defendant/Respondent's primary address/information for service:**Name (First, Middle, Last): Roxana Church & the OthersRegistered Agent's name, if any: Rodney DurrStreet Address, Unit #: 500 North CentralCity, State, ZIP: Roxana, IL 62084Telephone: 618/254-4026 Email: \_\_\_\_\_**b. If you have more than one address where Defendant/Respondent might be found, list that here:**

Name (First, Middle, Last): \_\_\_\_\_

Street Address, Unit #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**c. Method of service on Defendant/Respondent:**☒ Sheriff☐ Sheriff outside Illinois: \_\_\_\_\_

County &amp; State

☐ Special process server☐ Licensed private detective☐ **I am serving more than 1 Defendant/Respondent.**

I have attached \_\_\_\_\_ Additional Defendant/Respondent Address  
Number  
and Service Information forms.

**2. Information about the lawsuit:****a. Amount claimed:** \$ \_\_\_\_\_☐ **b. I am asking for the return of tangible personal property (items in the Defendant/Respondent's possession).****3. Contact information for the Plaintiff/Petitioner:**Name (First, Middle, Last): William Ray RogersStreet Address, Unit #: 269 South 8thCity, State, ZIP: Wapella, IL 62095Telephone: 618/910-7151 Email: wrrogerscollect@yahoo.com

**GETTING COURT DOCUMENTS BY EMAIL:** You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

**Important information for the person getting this form**

You have been sued. Read all of the documents attached to this *Summons*.

To participate in the case, you must follow the instructions listed below. If you do not, the court may decide the case without hearing from you and you could lose the case. *Appearance* and *Answer/Response* forms can be found at: [ilcourts.info/forms](http://ilcourts.info/forms).

Check **4a** or **4b**. If Defendant/Respondent only needs to file an *Appearance* and *Answer/Response* within 30 days, check box **4a**. Otherwise, if the clerk gives you a court date, check box **4b**.

**4. Instructions for person receiving this Summons (Defendant):**

☐ **a. To respond to this Summons, you must file Appearance and Answer/Response forms with the court within 30 days after you have been served (not counting the day of service) by e-filing or at:**

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

In 4a, fill out the address of the court building where the Defendant may file or e-file their *Appearance* and *Answer/Response*.

In 4b, fill out:

- The court date and time the clerk gave you.
  - The courtroom and address of the court building.
  - The call-in or video information for remote appearances (if applicable).
  - The clerk's phone number and website.
- All of this information is available from the Circuit Clerk.

☐ b. Attend court:

On: \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. in \_\_\_\_\_  
*Date Time Courtroom*

**In-person at:**

Courthouse Address	City	State	ZIP
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OR

**Remotely** (You may be able to attend this court date by phone or video conference.)

This is called a "Remote Appearance"):

By telephone:

*Call-in number for telephone remote appearance*

By video conference: \_\_\_\_\_

## Video conference website

Video conference log-in information (meeting ID, password, etc.)

Call the Circuit Clerk at: \_\_\_\_\_ or visit their website \_\_\_\_\_

Circuit Clerk's phone number

**at:** \_\_\_\_\_ to find out more about how to do this.

Website

# STOP!

The Circuit Clerk will fill in this section.

**Witness this Date:** \_\_\_\_\_

Seal of Court

**Clerk of the Court:** \_\_\_\_\_

**STOP! The officer or process server will fill in the Date of Service**

**Note to officer or process server:**

- If 4a is checked, this *Summons* must be served within 30 days of the witness date.
- If 4b is checked, this *Summons* must be served at least 21 days before the court date, unless 2b is also checked.
  - If 4b and 2b are checked, the *Summons* must be served at least 3 days before the court date.

Date of Service: \_\_\_\_\_  
(Date to be entered by an officer or process server on the copy of this Summons left with the Defendant or other person.)

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.  
Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).

STATE OF ILLINOIS, CIRCUIT COURT  _____ COUNTY		PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION	For Court Use Only
Instructions	<u>William Ray Rogers</u> Plaintiff / Petitioner (First, middle, last name)		
Enter above the county name where the case was filed.			
Enter your name as Plaintiff/Petitioner.			
Enter the names of all people you are suing as Defendants/Respondents.			
Enter the Case Number given by the Circuit Clerk.	v. <u>Roxana Church of the Nazarene</u> Defendant / Respondent (First, middle, last name)	2024MR000124	Case Number
<input type="checkbox"/> <b>Alias Summons</b> (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)			

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank Proof of Service form for each Defendant/Respondent.\*\***

My name is \_\_\_\_\_ and I state  
First, Middle, Last

☐ I served the **Summons** and Complaint/Petition on the Defendant/Respondent

as follows:

First, Middle, Last

☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

And left it with: \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

and by sending a copy to this defendant in a postage-paid, sealed envelope to the above address on this date: \_\_\_\_\_

☐ On the Corporation's agent, \_\_\_\_\_  
First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_



☐ I was not able to serve the **Summons** and Complaint/Petition on Defendant/Respondent:

\_\_\_\_\_  
First, Middle, Last

I made the following attempts to serve the **Summons** and Complaint/Petition on the Defendant/Respondent:

1. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Other information about service attempt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT** complete this section. The sheriff or private process server will complete it.

**If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.**

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

**By:** \_\_\_\_\_

Signature by: ☐ Sheriff  
☐ Sheriff outside Illinois:

\_\_\_\_\_  
County and State

☐ Special process server  
☐ Licensed private detective

**FEES**

Service and Return:	\$ _____
Miles _____	\$ _____
Total	\$ 0.00

\_\_\_\_\_  
Print Name

If **Summons** is served by licensed private detective or private detective agency:

License Number: \_\_\_\_\_



# ORDER ON APPLICATION FOR WAIVER OF COURT FEES (CIVIL)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY MADISON

County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE

Who Started the Case

William Ray Rogers

First, Middle, and Last Name or Business Name

DEFENDANT/RESPONDENT

Who the Case Was Filed Against

Roxana Church of the Nazarene

First, Middle, and Last Name or Business Name

FILED

APR 24 2024

CLERK OF CIRCUIT COURT #68  
THIRD JUDICIAL CIRCUIT  
MADISON COUNTY, ILLINOIS

2024MR000124

Case Number

(Clerk fills in)

Your Name (applicant)

William  
FirstRay  
MiddleRogers  
Last Name


**STOP. DO NOT check any boxes or fill in any more blanks on this form.** The judge will complete the rest of the form.

The Court has reviewed the Application for Waiver of Court Fees and orders (check 1, 2, 3, or 4):

☒ **1. GRANTED - FULL WAIVER**

The Application for Waiver of Court Fees is **granted**, effective on the date the Application was first filed. The applicant qualifies for a **full (100%) waiver** and may participate in this case without payment of fees, costs, or charges, because (check A, B, or C):

☐ **A. The applicant receives means-based public benefits** under one or more of the following programs:

- SSI (Supplemental Security Income, not Social Security)
- AABD (Aid to the Aged, Blind and Disabled)
- TANF (Temporary Assistance to Needy Families)
- SNAP (Food Stamps)
- General Assistance (GA), Transitional Assistance, or State Children and Family Assistance

- OR -

☐ **B. The applicant's personal income is 125% or less of the current poverty level** as established by the U.S. Dept. of Health & Human Services and the applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges.

- OR -

☒ **C. Payments of fees, costs, and charges would cause substantial hardship** for the applicant or their family.

Case Number \_\_\_\_\_

☐ **2. GRANTED – PARTIAL WAIVER**

The *Application for Waiver of Court Fees* is granted, effective on the date the *Application* was first filed. The court finds (*check one*):

- ☐ **75%** of all fees, costs, and charges are waived. The applicant **must pay 25%** of all fees, costs, and charges because the applicant's available income is more than 125% but not greater than 150% of the current poverty level.
- ☐ **50%** of all fees, costs, and charges are waived. The applicant **must pay 50%** of all fees, costs, and charges because the applicant's available income is more than 150% but not greater than 175% (50% waiver);
- ☐ **25%** of all fees, costs, and charges are waived. The applicant **must pay 75%** of all fees, costs, and charges because the applicant's available income is more than 175% but not greater than 200% (25% waiver);

**Income findings are based on the current poverty level** as established by the U.S. Dept. of Health & Human Services, and the applicant's non-exempt assets under 735 ILCS 5/12-901 and 735 ILCS 5/12-1001 are such that the applicant is unable to pay the fees, costs, or charges.

**Payment** (*check one*):

- ☐ The applicant must pay the fees, costs, and charges currently due by: \_\_\_\_\_  
Month, Day, Year
- ☐ Upon good cause shown, the applicant may make payments as follows (*describe deferral, installment plan, or other reasonable terms*):  
\_\_\_\_\_  
\_\_\_\_\_

☐ **3. CONTINUED – APPLICATION IS INCOMPLETE OR FACTUAL ISSUE**

*If the court determines that relevant sections of the Application are incomplete or there is a factual issue regarding the applicant's entitlement to a waiver, the applicant must be notified of the deficiencies and given the opportunity to amend the Application and/or be given a remote hearing in accordance with Supreme Court Rule 45, unless the applicant requests an in-person hearing or will already be present in the courthouse on the date of the hearing.*

Relevant sections of the *Application* are incomplete or there is a factual issue about the applicant's eligibility for a fee waiver on the face of the *Application*.

The specific eligibility questions are:

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The applicant must (*check all that apply*):

- ☐ **A. File an updated (amended) Application** that includes the missing information listed above.

Case Number \_\_\_\_\_

☐ **B. Attend a court date.**

If a hearing is set, it must be set within **30 days** of the date the Application was filed (735 ILCS 5/5-105; Illinois Supreme Court Rule 298).

The Application for Waiver of Court Fees is **scheduled for court** on (check all that apply):

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Month, Day, Year Include AM or PM

☐ **Remotely** (video or telephone option)

By video conference at: \_\_\_\_\_  
Video conference website

\_\_\_\_\_  
Video conference log-in information, meeting ID, password, etc.

By telephone at: \_\_\_\_\_  
Call-in number for telephone remote appearance

☐ **In person at:** \_\_\_\_\_  
Courtroom Address Courtroom Number

If remote and in-person options are both checked, you may choose either option.

☐ **C. Provide documents.** These documents will **not** be included in the public court file.

☐ Provide documents at the hearing.

☐ Submit documents before the hearing. Instructions about when and how to submit:

Required documents are:

S \_\_\_\_\_

S \_\_\_\_\_

☐ **4. DENIED - DOES NOT QUALIFY**

The Application for Waiver of Court Fees is **denied**. The applicant does not qualify for a fee waiver because (must state specific reason):

\_\_\_\_\_  
 \_\_\_\_\_

The applicant must pay all the fees, costs, and charges currently due by:

\_\_\_\_\_  
Month Day, Year



**If Application was granted, this order expires one year from the date of this order.** The applicant may reapply before or after the expiration date. Fees, costs, and charges included in this waiver are: filing, service of process, publication, mediation, guardian ad litem, and all other fees listed in 735 ILCS 5/5-105(a)(2)(1).

**ENTERED:**

Judge: \_\_\_\_\_

Date: 4/24/24  
Month, Day, Year

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.

Forms are free at [ilcourts.info/forms](https://ilcourts.info/forms).

STATE OF ILLINOIS, CIRCUIT COURT		SUMMONS	For Court Use Only
COUNTY			
Instructions ▼	Plaintiff / Petitioner (First, middle, last name) <u>William Ray Rogers</u>		2024MR000124
Enter above the county name where the case was filed.	v.		
Enter your name as Plaintiff/Petitioner.	Defendants / Respondents (First, middle, last name) <u>Roxana Church of the Nazarene</u>		
Below "Defendants/ Respondents," enter the names of all people you are suing.			
Enter the Case Number given by the Circuit Clerk.	<input type="checkbox"/> <b>Alias Summons</b> (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)		Case Number

**IMPORTANT: You have been sued.**

- Read all documents attached to this Summons.
- You MUST file an official document with the court within the time stated on this Summons called an *Appearance* and a document called an *Answer/Response*. If you do not file an *Appearance* and *Answer/Response* on time, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.
- All documents referred to in this Summons can be found at [ilcourts.info/forms](https://ilcourts.info/forms). Other documents may be available from your local Circuit Court Clerk's office or website.
- After you fill out the necessary documents, you need to electronically file (e-file) them with the court. To e-file, you must create an account with an e-filing service provider. For more information, go to [ilcourts.info/efiling](https://ilcourts.info/efiling). If you cannot e-file, you can get an exemption that allows you to file in-person or by mail.
- You may be charged filing fees, but if you cannot pay them, you can file an Application for Waiver of Court Fees.
- It is possible that the court will allow you to attend the first court date in this case in-person or remotely by video or phone. Contact the Circuit Court Clerk's office or visit the Court's website to find out whether this is possible and, if so, how to do this.
- Need help? Call or text Illinois Court Help at 833-411-1121 or go to [ilcourthelp.gov](https://ilcourthelp.gov) for information about going to court, including how to fill out and file documents. You can also get free legal information and legal referrals at [illinoislegalaid.org](https://illinoislegalaid.org). All documents referred to in this Summons can be found at [ilcourts.info/forms](https://ilcourts.info/forms). Other documents may be available from your local Circuit Court Clerk's office or website.
- ¿Necesita ayuda? Llame o envíe un mensaje de texto a Illinois Court Help al 833-411-1121, o visite [ilcourthelp.gov](https://ilcourthelp.gov) para obtener información sobre los casos de la corte y cómo completar y presentar formularios.

**Plaintiff/Petitioner:****Do not use this form in these types of cases:**

- |                      |                              |                               |
|----------------------|------------------------------|-------------------------------|
| • All criminal cases | • Order of protection        | • Adult guardianship          |
| • Eviction           | • Paternity                  | • Detinue                     |
| • Small Claims       | • Stalking no contact orders | • Foreclosure                 |
| • Divorce            | • Civil no contact orders    | • Administrative review cases |

For eviction, small claims, divorce, and orders of protection, use the forms available at [ilcourts.info/forms](https://ilcourts.info/forms). If your case is a detinue, visit [illinoislegalaid.org](https://illinoislegalaid.org) for help.

If you are suing more than 1 Defendant/Respondent, attach an *Additional Defendant/Respondent Address and Service Information* form for each additional Defendant/Respondent.

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

In 1a, enter the name and address of the first Defendant/ Respondent you are serving. If you are serving a Registered Agent, include the Registered Agent's name and address here.

In 1b, enter a second address for the first Defendant/ Respondent, if you have one.

In 1c, check how you are sending your documents to this Defendant/ Respondent.

Check here if you are serving more than 1 Defendant/ Respondent. Attach an *Additional Defendant/ Respondent Address and Service Information* form for each additional Defendant/Respondent and write the number of forms you attached.

In 2a, enter the amount of money owed to you. Check 2b if you are asking for the return of tangible personal property.

In 3, enter your complete address, telephone number, and email address, if you have one.

**1. Defendant/Respondent's address and service information:****a. Defendant/Respondent's primary address/information for service:**Name (First, Middle, Last): Reverend Church of the NazareneRegistered Agent's name, if any: Rodney DavisStreet Address, Unit #: 500 North CentralCity, State, ZIP: Peoria, IL 61604Telephone: 618/254-4026 Email: \_\_\_\_\_**b. If you have more than one address where Defendant/Respondent might be found, list that here:**

Name (First, Middle, Last): \_\_\_\_\_

Street Address, Unit #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**c. Method of service on Defendant/Respondent:**☒ Sheriff☐ Sheriff outside Illinois: \_\_\_\_\_

County &amp; State

☐ Special process server☐ Licensed private detective☐ **I am serving more than 1 Defendant/Respondent.**

I have attached \_\_\_\_\_ Additional Defendant/Respondent Address  
Number  
and Service Information forms.

**2. Information about the lawsuit:****a. Amount claimed:** \$ \_\_\_\_\_☐ **b. I am asking for the return of tangible personal property (items in the Defendant/Respondent's possession).****3. Contact information for the Plaintiff/Petitioner:**Name (First, Middle, Last): William Ray RogersStreet Address, Unit #: 269 South 8thCity, State, ZIP: Ward River, IL 62095Telephone: 618/910-7151 Email: wrrogerscalled@yahoo.com

**GETTING COURT DOCUMENTS BY EMAIL:** You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

**Important information for the person getting this form**

You have been sued. Read all of the documents attached to this *Summons*.

To participate in the case, you must follow the instructions listed below. If you do not, the court may decide the case without hearing from you and you could lose the case. *Appearance* and *Answer/Response* forms can be found at: [ilcourts.info/forms](http://ilcourts.info/forms).

Check 4a or 4b. If Defendant/Respondent only needs to file an *Appearance* and *Answer/Response* within 30 days, check box 4a. Otherwise, if the clerk gives you a court date, check box 4b.

**4. Instructions for person receiving this Summons (Defendant):**

☒ **a. To respond to this Summons, you must file *Appearance* and *Answer/Response* forms with the court within 30 days after you have been served (not counting the day of service) by e-filing or at:**

Address: 155 NORTH MAIN STREETCity, State, ZIP: EDWARDSVILLE, IL 62025



In 4a, fill out the address of the court building where the Defendant may file or e-file their Appearance and Answer/ Response.

In 4b, fill out:

- The court date and time the clerk gave you.
  - The courtroom and address of the court building.
  - The call-in or video information for remote appearances (if applicable).
  - The clerk's phone number and website.
- All of this information is available from the Circuit Clerk.

☒ b. Attend court:  
On: \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. in \_\_\_\_\_  
Date Time Courtroom

In-person at:  
\_\_\_\_\_  
Courthouse Address City State ZIP

OR

**Remotely** (You may be able to attend this court date by phone or video conference. This is called a "Remote Appearance"):

By telephone: \_\_\_\_\_  
Call-in number for telephone remote appearance

By video conference: \_\_\_\_\_  
Video conference website

\_\_\_\_\_  
Video conference log-in information (meeting ID, password, etc.)

Call the Circuit Clerk at: \_\_\_\_\_ or visit their website  
Circuit Clerk's phone number

at: \_\_\_\_\_ to find out more about how to do this.  
Website

**STOP!**

The Circuit Clerk will fill in this section.

Witness this Date: 04-29-24

Clerk of the Court: \_\_\_\_\_



**STOP! The officer or process server will fill in the Date of Service**

**Note to officer or process server:**

- If 4a is checked, this *Summons* must be served within 30 days of the witness date.
- If 4b is checked, this *Summons* must be served at least 21 days before the court date, unless 2b is also checked.
  - If 4b and 2b are checked, the *Summons* must be served at least 3 days before the court date.

Date of Service: \_\_\_\_\_

(Date to be entered by an officer or process server on the copy of this *Summons* left with the Defendant or other person.)

Enter the Case Number given by the Circuit Clerk: \_\_\_\_\_

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.  
Forms are free at [ilcourts.info/forms](https://ilcourts.info/forms).

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY		PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION	For Court Use Only
<b>Instructions</b>			
Enter above the county name where the case was filed.	<u>William Ray Rogers</u> Plaintiff / Petitioner (First, middle, last name)		
Enter your name as Plaintiff/Petitioner.			
Enter the names of all people you are suing as Defendants/Respondents.	v. <u>Roxana Church of the Nazarene</u> Defendant / Respondent (First, middle, last name)		
Enter the Case Number given by the Circuit Clerk.	<input type="checkbox"/> Allas Summons (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)		2024MR000124  Case Number

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank Proof of Service form for each Defendant/Respondent.\*\***

My name is \_\_\_\_\_ and I state  
First, Middle, Last

☐ I served the Summons and Complaint/Petition on the Defendant/Respondent

as follows:

First, Middle, Last

☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary

Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

And left it with: \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary

Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

and by sending a copy to this defendant in a postage-paid, sealed envelope to the above address on this date: \_\_\_\_\_

☐ On the Corporation's agent, \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary

Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

☐ I was not able to serve the *Summons* and Complaint/Petition on Defendant/Respondent:

\_\_\_\_\_  
First, Middle, Last

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

1. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

2. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

3. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

**DO NOT** complete this section. The sheriff or private process server will complete it.

If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

By:

Signature by:

☐ Sheriff

☐ Sheriff outside Illinois:

\_\_\_\_\_  
County and State

☐ Special process server

☐ Licensed private  
detective

#### FEES

Service and Return:	\$
Miles	\$
Total	\$ 0.00

Under the Code of Civil Procedure, 135 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

\_\_\_\_\_  
Print Name

If *Summons* is served by licensed private detective or private detective agency:

License Number: \_\_\_\_\_

Enter the Case Number given by the Circuit Clerk

This form is approved by the Illinois Supreme Court and must be accepted in all Illinois Courts.  
Forms are free at [ilcourts.info/forms](http://ilcourts.info/forms).

<b>STATE OF ILLINOIS,</b> <b>CIRCUIT COURT</b> <u>Madison</u> COUNTY		<b>PROOF OF SERVICE OF</b> <b>SUMMONS AND</b> <b>COMPLAINT/PETITION</b>	For Court Use Only 002738 I certify that this document has been served in accordance with Illinois State Statutes governing service of process. Particulars of the specific service are contained in the records of the Sheriff's Headquarters, 405 Randle St., Edwardsville, IL 62025 EFF C. CONNOR, Sheriff By <u>TR</u> Date of service <u>5/20/24</u> 2024MR000124 <b>FILED</b> Case Number
<b>Instructions</b> Enter above the county name where the case was filed. Enter your name as Plaintiff/Petitioner. Enter the names of all people you are suing as Defendants/Respondents. Enter the Case Number given by the Circuit Clerk.		<u>William Ray Rogers</u> Plaintiff / Petitioner (First, middle, last name) v. <u>Rodney Dure Lead Pastor</u> <u>Roxana Church of the Nazarene</u> Defendant / Respondent (First, middle, last name) <input type="checkbox"/> <b>Allas Summons</b> (Check this box if this is not the 1 <sup>st</sup> Summons issued for this Defendant.)	

**\*\*Stop. Do not complete the form. The sheriff or special process server will fill in the form. Give them one copy of this blank Proof of Service form for each Defendant/Respondent.**

MAY 21 2024  
 CLERK OF CIRCUIT COURT #68  
 THIRD JUDICIAL CIRCUIT  
 MADISON COUNTY, ILLINOIS

My name is \_\_\_\_\_ and I state \_\_\_\_\_  
 First, Middle, Last

☐ I served the **Summons and Complaint/Petition** on the Defendant/Respondent

as follows:

First, Middle, Last

☐ Personally on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

☐ On someone else at the Defendant/Respondent's home who is at least 13 years old and is a family member or lives there:

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address, Unit#: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

And left it with: \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

and by sending a copy to this defendant in a postage-paid, sealed envelope to the above address on this date: \_\_\_\_\_

☐ On the Corporation's agent, \_\_\_\_\_

First, Middle, Last

☐ Male ☐ Female ☐ Non-Binary Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_

On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ W 5/24

24MR124

☐ I was not able to serve the *Summons* and Complaint/Petition on Defendant/Respondent:First, Middle, LastI made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:1. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

2. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

3. On this date: \_\_\_\_\_ at this time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Other information about service attempt: \_\_\_\_\_

**DO NOT** complete this section. The sheriff or private process server will complete it.

If you are a special process server, sheriff outside Illinois, or licensed private detective, your signature certifies that everything on the *Proof of Service of Summons* is true and correct to the best of your knowledge. You understand that making a false statement on this form could be perjury.

By: \_\_\_\_\_

**FEES**

Service and Return: \$ \_\_\_\_\_

Miles \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ 0.00

Signature by: ☐ Sheriff☐ Sheriff outside Illinois:\_\_\_\_\_  
County and State☐ Special process server☐ Licensed private detective

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

\_\_\_\_\_  
Print NameIf *Summons* is served by licensed private detective or private detective agency:

License Number: \_\_\_\_\_